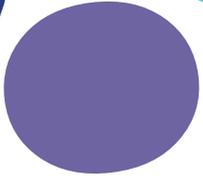
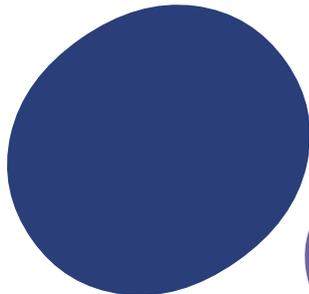


# School-based suicide prevention life promotion initiatives:

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**A resource for community-based providers**

Ontario Youth Suicide Prevention Collaborative



# The Youth Suicide Prevention Life Promotion Collaborative

The Ontario Youth Suicide Prevention Life Promotion Collaborative was formed in 2019 to ensure Ontario's children and youth, and those who support them, have access to current evidence-based, practical knowledge to effectively guide their efforts in suicide prevention and life promotion. The Collaborative is composed of diverse stakeholders with expertise in suicide prevention and life promotion including those from regional, provincial and federal organizations, educational institutions, those with lived experience, and organizations representing youth populations.

Collaborative members include:

- Canadian Mental Health Association, Ontario (Acts as the Secretariat)
- Canadian Mental Health Association, Waterloo Wellington
- Centre for Innovation in Campus Mental Health
- Children's Mental Health Ontario
- Jack.org
- Knowledge Institute on Child and Youth Mental Health and Addictions
- Mental Health Commission of Canada
- Myles Ahead, Advancing Child and Youth Mental Health
- School Mental Health Ontario

Information on the Collaborative can be found at [PreventingYouthSuicide.ca](https://preventingyouthsuicide.ca)

## Disclaimer

The information in this document is intended for information purposes only. It does not provide medical advice. This information is not a substitute for consultation with a regulated health professional. If you have a health question or are concerned about your child, you should consult a physician or other health care provider. For more information on how to access child and youth services visit [cmho.org/findhelp](https://cmho.org/findhelp).

In developing this resource, we recognize that each community and school has different needs and resources. The insights within the resource should be adapted for use according to specific community needs, resources, gaps, and context.

## Citation information

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# Purpose

This resource document offers a collective vision for how school boards and community-based child and youth mental health organizations can collaborate to maximize opportunities to support children and youth with suicide prevention and life promotion. Through collaboration we can better ensure a cohesive approach to this crucial work for children, young people, and families.

The Ontario Youth Suicide Prevention Collaborative developed this resource to:

- Enhance community-based service providers' understanding of best practices in school-based prevention
- Highlight related work underway in Ontario schools
- Outline considerations for collaboration in school-based suicide prevention activities
- Share additional resources and templates to support decision-making related to school-based suicide prevention work
- Support decision-making about suicide prevention awareness and life promotion initiatives that might be proposed for the K-12 school setting.

A literature review of academic and grey literature including empirical studies, evidence reviews, national guidelines and existing toolkits was conducted to inform the development of this resource. In addition, community and school-based mental health service providers were consulted to review the content and share practice-based examples of their work. Youth and family members with lived experience were also consulted to share insights into their experiences and ideas related to school-based suicide prevention, which are integrated throughout the resource.

This resource reflects the available evidence as of January 2022.

***We are hopeful that when communities come together to discuss suicide prevention initiatives this resource will serve as a grounding document that provides common language and understanding about the role of schools in this difficult area of work. It is our hope that insights within the resource be adapted for use according to community needs, resources, gaps, and context.***

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This resource is designed for the diversity of community-based providers (i.e., Canadian Mental Health Association branches, children's mental health centers, public health departments, mental health and addiction nurses, community suicide prevention tables, post-secondary mental health services) that support children, youth, and families alongside school board mental health leadership teams.

# Introduction

## Current context of youth suicide in Canada

In Canada, suicide is the second leading cause of death among children and youth aged 10 to 19 years and young people aged 20 to 29 years<sup>1</sup>. The Ontario Student Drug Use and Health Survey reported a significant increase in suicidal ideation between 2017 to 2019, from 14 per cent to 16 per cent of children and youth in grades seven to 12 reporting thoughts of suicide and five per cent reporting suicide attempts<sup>2</sup>. Similarly, the Institute of Clinical Evaluative Sciences (ICES) 2021 Mental Health and Addictions Scorecard highlighted a large increase in self-harm behaviour amongst children and youth in Ontario between 2009 and 2017, noting, importantly, that the **overall** suicide rate remained unchanged. (This study did not distinguish between self-harm with the intent to die versus non-suicidal self-injury.)<sup>3</sup>

Layered on this context, the COVID-19 pandemic has increased the need for mental health and youth suicide support. Cross-sectional studies conducted during this time, and emerging robust longitudinal datasets with pre-pandemic markers, indicate that the pandemic is associated with higher levels of mental health distress amongst young people.<sup>4</sup> Primary concerns relate to low mood, worry and anxiety, and a sense of isolation.<sup>5</sup> Further, young Canadians are reporting increased suicidal thoughts and behaviours during the pandemic.<sup>6</sup> This increase is reflected in self-harm related admissions to pediatric hospitals.<sup>7</sup>

## Key considerations from an equity and diversity perspective

Ontario students and young people reflect a wide range of intersecting social and cultural identities, including and not limited to: their ancestry, race, culture, geographic location, language, gender identity and expression, sexual orientation, mental health and well-being, physical and intellectual ability, religion, and socio-economic status.

### ***A sense of identity can contribute to the development of a positive sense of self***

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and may offer important tools for resilience. Unfortunately, in our society, some identities and experiences can be negatively and unfairly perceived, resulting in significant injustices and inequalities that students experience every day. Discrimination and oppression create and reinforce barriers to equitable mental health outcomes (e.g., discrimination can increase levels of stigmatization and trauma, and can decrease access to appropriate school-based mental health services).<sup>8</sup>

Coinciding with these burdens carried by young people who are marginalized are higher rates of suicidal behaviour. Even before the pandemic, young people who identify as Indigenous had amongst the highest rates of suicide in Canada. According to Statistics Canada, Indigenous youth aged 15 to 24 had suicide rates six-to-ten times higher than non-Indigenous youth.<sup>9</sup> Suicide rates for Inuit youth in this age range were 23

times higher than for non-Indigenous youth. The legacies of colonialism, intergenerational trauma, and ongoing racism and oppression contribute to these staggering statistics. A lack of culturally appropriate mental health services is also a critical gap.<sup>10</sup> Similarly, homosexual, bisexual, or transgender youth have an increased risk of attempted suicide compared to youths whose sexual orientation is heterosexual. Transgender youth had the highest risk, but all the subgroups were considerably burdened.<sup>11</sup> This is not to say that all students who identify as 2SLGBTQ+ are at higher risk for suicide. Family acceptance and safe spaces at school are amongst important protective influences.<sup>12</sup>

There is great urgency in prioritizing supports for those who are at a higher risk of suicide behaviours and have less access to supports. To meaningfully address the crisis of suicide in Canada, it is important to note that the pandemic has exacerbated pre-existing inequities in mental health outcomes among certain groups. Those who are racialized and marginalized not only experienced the greatest negative impacts of COVID-19 and related public health restrictions<sup>13</sup>, but also, in direct relation, have suffered the most from a mental health perspective.<sup>14,15</sup> Firm commitment to prioritizing the needs of students who are racialized and/or marginalized as part of a comprehensive suicide prevention strategy is urgently needed. Schools have a critical role to play in this effort.

## What is school-based suicide prevention?

Amidst this backdrop, the need for early identification of mental health problems, suicidal behaviour and preventive support for children and youth is clear.

Schools are extremely well positioned as a setting for:



Wellness promotion



Mental health knowledge building and stigma reduction



Early recognition of signs of mental health problems and suicidal behaviour



Prevention and early intervention services



Supporting access and connection to community-based services including counselling & therapy, treatment, urgent and specialized care and support

All these supports are part of a comprehensive suicide prevention approach.<sup>16</sup> A focus on upstream promotive and preventive elements within a broader system of care (e.g., life promotion through teaching students problem-solving skills; skills to manage stress; and skills to recognize when, where, and how to seek mental health support), sets the stage for “stemming the tide” when it comes to preventing youth suicide.<sup>17</sup> (Layman et al., 2021.)

It should be noted that schools are not the only setting where youth suicide prevention can take place. There are opportunities for early identification and preventive support in many places that young people gather; like recreation settings, faith-based groups, places of gathering for culture and community, and on-line forums. However,

***as spaces for learning, schools offer a unique opportunity to build knowledge and skills that can support mental wellness through direct instruction and practice with everyday mental health strategies.***

Student voice data gathered from the #HearNowON survey and consultations indicated that young people want to learn about mental health at school, as part of regular curriculum, and they want educators to have strong mental health literacy training so that they can support student well-being at school. They are most interested in learning about when and how to seek help, and strategies for coping with feelings of distress.<sup>18</sup> In addition, schools are particularly important sites for early identification of mental health problems and suicidal ideation and behaviour. With training in mental health literacy, school staff are well-positioned to notice changes in students that could signal the presence of a mental health problem, or even suicidal ideation / behaviour. Finally, schools have well-articulated pathways to mental health services that can support students in accessing brief school-based services (e.g., consultation with school social worker and psychology staff) or fast track urgent referrals for emergency or more intensive community-based mental health support. In sum, schools are an optimal setting for suicide prevention, with particular focus on upstream supports.

**School-based suicide prevention includes the full range of upstream supports and services that can help students to understand and take care of their mental health, and to seek and receive needed supports early when problems emerge.**

Sometimes, school-based suicide prevention initiatives and supports are defined more narrowly, and focus on awareness initiatives like campaigns, assemblies, videos, surveys, peer

helping projects, or student training sessions. While these offerings may have a place in schools, how they are integrated with broader, more comprehensive school-based suicide prevention efforts is critical. Benchmarks of safety, equity, diversity and inclusivity, quality, and alignment need to be at the heart of decision-making about individual offerings. This resource highlights key considerations when selecting and introducing a school-based suicide prevention initiative.

## What are the main goals for school-based suicide prevention?

Priority goals for school-based suicide prevention initiatives and supports include:

- Building student mental health literacy, with suicide prevention knowledge as part of this broader learning mandate,
- Growing the capacity, confidence, and cultural competence of school staff members for their role in early identification and support,
- Building the capacity of school mental health professionals for their role in culturally responsive suicide risk assessment and management,
- Creating and communicating clear protocols for suicide prevention, intervention and postvention, with seamless pathways to support children, youth, and families,
- Encouraging young people and their families to seek help when needed, and accessing support early, before feelings of distress become more difficult to address,
- Contributing to stigma reduction for mental health problems and help-seeking, and to inspiring pervasive hope-finding for all students and their families.

While school-based suicide prevention initiatives are primarily upstream in nature, efforts designed to support these priority goals can contribute to the overall outcome desired, a reduction in rates of suicidal ideation and behaviour amongst young people.

# Fundamentals of School-Based Youth Suicide Prevention

## Best practices in school-based youth suicide prevention

Research suggests that a comprehensive multi-tiered system of support is at the heart of good suicide prevention practice.<sup>19,20</sup> While three tiers or levels of support are described in school mental health literature the focus of suicide prevention practice is focussed on tiers one and two:

- Tier One (universal) – mental health and wellness promotion for all students
- Tier Two (targeted/selected) – prevention and early intervention for students with additional risks
- Tier Three (indicated) – intensive supports and services (including crisis response) for students experiencing significant mental health concerns

Comprehensive approaches based on a Multi-Tiered System of Support aim to build resources for all students, building up protective factors and working to reduce risks for those who are at higher risk of suicide.<sup>21</sup>

More specifically, within the area of suicide prevention several key ingredients for a robust approach in schools have been identified.

These can be categorized into four main areas: Conditions, Capacity, a Culturally Responsive Service Continuum, and Collaboration.



## Conditions

Comprehensive suicide prevention approaches require a stable foundation. In best cases, this foundation is established at a whole community level, with collaboratively developed structures, processes, and well-articulated intervention and postvention protocols. The WHO LIVE LIFE framework<sup>22</sup> also highlights the importance of leadership as part of these efforts, and the need for an evaluation/monitoring framework and responsible media reporting related to suicide. In Ontario, there are many excellent examples of community suicide prevention tables that have developed conditions and infrastructure for sustainable suicide prevention in the region (e.g., Youth with Complex Suicide Needs protocol in Hamilton<sup>23</sup>, Waterloo/Wellington Roots of Hope<sup>24</sup>, Suicide Prevention Ottawa<sup>25</sup>, Here's the Deal in Thunder Bay<sup>26</sup>).

School boards need to attend to internal conditions to set the stage for rigorous school-based suicide prevention work. Critical to this work is the presence of designated board and school leadership teams for suicide prevention (e.g., mental health leadership teams, tragic event response teams). Suicide prevention, intervention, and postvention protocols should be communicated across the district, so that all education and mental health professionals know their roles and the pathways to accessing additional help when issues of suicide arise. In addition to having clear processes and support structures, a key condition for effective school-based suicide prevention is to ensure a board and school climate that inspires student trust, where students can learn help-seeking skills and reach out to school staff members if/when they are experiencing mental health problems. When school boards and schools foster warm and supportive interpersonal relationships with students, families/caregivers, and school staff, this sets the stage for excellence in school-based suicide prevention.

## Capacity

Suicide prevention and intervention can be a very difficult topic, and ongoing professional learning is essential for equipping school leaders, educators, school staff, and school mental health professionals to engage in these important and distinct roles. Role-specific training, that considers the opportunities and limitations of each professional role, can help individuals to grow in confidence as they develop skills and gain understanding about what they should do, and where the limits of their actions should rest. For example, educators and school staff play an enormous role in creating mentally healthy classroom environments that serve to decrease mental health stigma and encourage help-seeking. They also play a critical role in early identification of mental health problems and suicide behaviours, and they are often the first to notice when a student might be experiencing mental health problems. It is therefore important to equip educators and school staff with information about suicide warning signs, and language to have conversations with students if/when they are experiencing suicidal thoughts or behaviour. Knowing how to respond and what next steps to follow if the answer is “yes” also a vital part of their role.

However, it is beyond the scope of educators and school staff's professional competence to conduct a formal suicide risk assessment. This type and level of assessment is best reserved for those with professional training in mental health, like a school social worker or psychologist. It is important to note that research suggests that training adults to support young people in suicide prevention literacy (sometimes called gatekeeper training) does not necessarily reduce instances of death by suicide, but it can increase adult confidence in supporting a young person with suicidal thoughts which may yield positive benefits.<sup>27 28</sup>

There can be unanticipated adverse consequences of suicide prevention interventions. Consequences occur at three levels: at the youth level, those who identify or intervene with at-risk youth, and at the

system level. While rare, unanticipated adverse consequences include an increase in maladaptive coping and a decrease in help-seeking among program targets, overburden or increased suicide ideation among program implementers, and inadequate systematic preparedness. If too few helpers are identified/trained, it can result in a sense of burden for those trained.<sup>29</sup> Because of the magnitude of the potential risk for the youth involved, peer led suicide prevention programs are currently not recommended for use in Ontario schools.<sup>30</sup>

## **Culturally-Responsive Service Continuum**

As noted above, a Multi-Tiered System of Support, or service continuum, provides a comprehensive approach to school-based suicide prevention. Studies suggest that introducing mental wellness programming in the early years, and throughout schooling, helps to establish social-emotional skills and supports that nurture resiliency. Ideally, programming is integrated into the school schedule, and is considered an integral part of daily routines, with all students benefiting from the content. Critical in these universal efforts is a differentiated approach that considers the individual needs of students, from a culturally responsive and identity affirming stance. Depression prevention and mood management programming can be particularly helpful in suicide prevention (e.g., including techniques like behavioural activation, cognitive restructuring, etc.). When students have identified needs or are experiencing mental health problems and risks, targeted supports may be needed. In this case, swift assessment of the student and facilitating access to support and stabilizing care may be needed. Clear and connected pathways to mental health services (in the school and community) are essential, particularly in instances of mental health crisis.

## **Collaboration**

Young people need a system of support that wraps around and engages them, particularly when they are experiencing suicidal ideation or behaviour. This support should extend beyond the school, to include families, cultural/faith organizations, community mental health services, primary care, and hospitals. With the child/youth and family at the centre, systems that allow for seamless mobilization of supports in times of crisis are ideal. It is recognized that, across Ontario, gaps exist within such systems due to geography, funding and human resource gaps, and challenges with cross-sectoral partnerships. Understanding and respecting the work each partner can contribute to the system of care is part of the ongoing work of collaboration.

## Considerations in school-based suicide prevention

Child and youth mental health and suicide prevention is a shared responsibility. As part of this, school boards are often asked by a variety of community-based organizations to host, or support initiatives related to mental health awareness, wellness promotion, and stigma reduction. These efforts contribute to overall suicide prevention by raising awareness and encouraging help-seeking. Mental health awareness activities specific to suicide require careful thought as this area of work is extremely complex and carries many risks. This is a unique area of work, unlike any other learning performed in Ontario schools. It is important to be mindful that this work is difficult and can result in serious harm if not undertaken properly and may result in an increase of suicide ideation and loss of student life to suicide.

All Ontario school boards have a Mental Health and Addictions Strategy that uses evidence informed practices/resources and an implementation framework to help to ensure that mental health awareness activities are safe even for the most vulnerable student. School Mental Health Ontario's (SMH-ON) **Decision Support Tool for Mental Health Awareness Initiatives**<sup>31</sup> aids with decision making related to mental health products or services. This includes for example, helping schools be aware of the risks associated with large assemblies, with positioning students as suicide risk gatekeepers and with hosting contact based (lived/living experiences) presentations.

***It is important, when considering school-based suicide prevention, to name practices that could be detrimental to student mental health and that may be particularly harmful to students who are vulnerable to suicidal thoughts or behaviours.***

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Done safely, in close consultation with school mental health professionals and with thoughtful planning, preparation and debriefing, lived experience talks and presentations can be helpful with stigma reduction, help-seeking, and hope-finding. However, large presentations with unhelpful content delivered without adequate preparation and debriefing have the potential to lead to suicidal ideation and behaviours. A sampling of activities and practices to avoid are listed in Appendix A.

## Current approaches to suicide prevention in Ontario schools

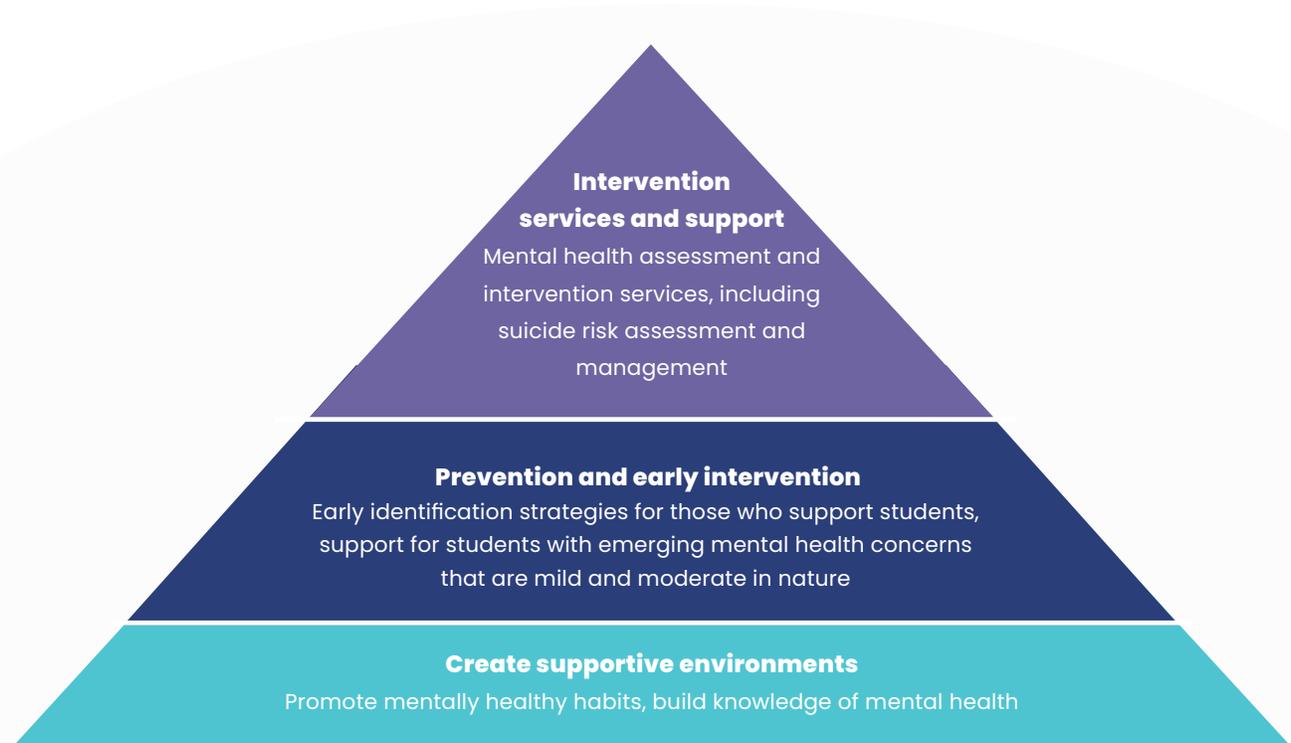
Consistent with the available research summarized above, school boards in Ontario have adopted an evidence-informed tiered approach to youth suicide prevention.

Within **tier one**, school staff work to welcome and include students, to understand them and build knowledge of mental health, promote mentally healthy habits, and create supportive environments. This represents most of the mental health work undertaken in schools and it is the upstream work of suicide prevention.

**Tier two** services, focused on prevention and early intervention, begin with good early identification strategies that equip those who surround students (e.g., educators and school staff, parents, peers) with information about the signs of a mental health problem and how best to respond when difficulties arise. Educators help by reinforcing skills and working to remove barriers to learning with the support of evidence informed resources (e.g., **ONECALL**). School mental health professionals and others with specialized skills provide intervention services, like structured psychotherapy. In schools,

brief evidence-informed interventions are used to provide early support for students with emerging or escalating mental health concerns that are mild and moderate in nature (or for groups of students who are experiencing greater mental health problems). In the context of a therapeutic relationship, students explore mental health problems and ways of managing their difficulties, so they begin to feel better (e.g., support seeking, cognitive and behavioural strategies, ways to reducing the severity of their mental health problems and/or suicidal behaviour, etc.). In Ontario schools, brief evidence-based protocols are routinely offered by school mental health professionals for mood and anxiety related problems (e.g., Brief Intervention for School Clinicians, Brief Digital Interventions).

**Tier three** services, support students requiring more intensive assessment and intervention services. School mental health professionals provide more intensive support to students, including suicide risk assessment and management.



The following examples of supports and resources are offered to illustrate examples of upstream approaches currently in use in Ontario schools and communities:

- Wellness promotion activities (e.g., community health fair promoting available resources, **everyday wellness strategies** as part of daily classroom life)
- Stigma reduction activities (e.g., restorative justice, education on the importance of using **non-stigmatizing language**, carefully planned lived experience workshops, like **Jack Talks**)
- Safe youth engagement through collaboration (e.g., **Registered Nurses' Association of Ontario Youth Mental Health and Addictions Champions Toolkit**, SMH-ON **ThriveSMH Reference Group**)
- Where to learn more about mental health (e.g., Kids Help Phone **Learn about Mental Health**; Children's Mental Health Ontario (CMHO) **Family Care Centre**; SMH-ON **MH LIT** for educators and school leaders)
- Help seeking for yourself and for friends (e.g., **Be There**, SMH-ON **Student MH LIT: Student Mental Health in Action**)
- Articulating clear pathways to services (e.g., CMHO **Find Help**)

Research suggests that mental health promotion activities are most effective as agents for suicide prevention when they are:

- Offered within school settings that are welcoming, safe, and inclusive
- Culturally relevant and responsive
- Taught by knowledgeable and trusted adults
- Integrated into regular classroom life and as part of the school day
- Offered by adults who know the students and can recognize changes in behaviour
- Offered in safe spaces for dialogue and co-learning
- Mindful of boundaries and risks
- Focused on stigma reduction and encouraging skills for help-seeking
- Reinforced with opportunities to practice skills
- Supportive of youth agency and expression

# Collaborative Youth Suicide Prevention in Schools

## Community collaboration in support of suicide prevention in schools

There are 72 school boards across Ontario, four remote school authorities, and seven provincial and demonstration schools. Boards are either Public or Catholic and English or French. Every board has a Mental Health Leadership Team, led by the Superintendent who is responsible for mental health, and the board Mental Health Leader. It is the responsibility of this team to develop and implement a three-year **Mental Health and Addictions Strategy** and a one-year action plan to guide the work within the Multi-Tiered System of Support. The needs of the community are mapped to inform the areas of focus for the strategic plan. Action plans typically include three to five broad areas of focus for the work. Implementation of these action plans cascade out from the Mental Health Leadership Team through to school communities and key stakeholders. This work requires a high level of coordination and planning within the organization. While there is room for flexibility to accommodate unforeseen circumstances, this important work is most successful when a systematic implementation process is followed.

***Community partners with ideas for school-based suicide prevention should always approach the board through the Mental Health Leadership Team, rather than at a school level.***

A listing of Mental Health Leaders and Superintendents with responsibility for mental health can be found on the [School Mental Health Ontario website](#).<sup>32</sup>

Collaborative partnerships between board Mental Health Leadership Teams and community organizations are essential for the work of youth suicide prevention. Ideally such partnerships are grounded in a clear understanding of each other's work and priorities, and relationships are built prior to needed response to a crisis event. Many communities have partnership tables where community resources are mapped, gaps identified, roles defined, and processes established. This important work towards building a coherent system of care is essential for the work of suicide prevention. With strong collaborative relationships, community organizations can play a key role in introducing and supporting evidence-informed mental health awareness initiatives within schools. They can also offer complementary programming in other settings that can reinforce key messages and support early identification, stigma reduction, help-seeking and hope-finding. In addition, in times of crisis, like an emerging suicide cluster related to contagion, schools and communities that are united in their efforts can mobilize quickly, ensuring consistent messaging and seamless supports to students and their families.

Ultimately, it is the school board's decision about which suicide prevention initiatives will be supported. There are many factors that go into decision-making, including student safety (as per the guidance in Appendix A), alignment with the board Mental Health and Addictions Strategy, school capacity to support the initiative adequately, opportunities for meaningful student engagement, cultural relevance and responsiveness, and other community contextual factors (e.g., postvention circumstances). This resource is designed to help community partners to bring forward initiatives that are in keeping with best practices in school-based suicide prevention.

## Reflection Question:

As you consider approaching your local school board with an idea or initiative, please reflect on the following prompts.

Does the initiative:

- Reduce stigma related to mental illness and suicide behaviour?
- Enhance life skills with a focus on identity affirming social emotional learning?
- Increase mental health literacy (mental health is health)?
- Enhance capacity of identification and referral, for students who are dealing with a mental health problem, among peers and adults?
- Develop positive help seeking attitudes for all community members?
- Support students disproportionately impacted by the mental health impacts of the pandemic and those subject to historic and ongoing systemic oppression and racism)?
- Consider safety for those most vulnerable?
- Ensure that all community members know where to get help when it is needed?

## Examples of collaborative youth suicide prevention initiatives

Throughout the province many organizations are working hand in hand with school board Mental Health Leadership Teams to prevent youth suicide. At times, these partnerships focus on joint efforts related to mental health promotion (e.g., Strong Minds, Strong Kids programming), youth engagement and leadership (e.g., Registered Nurses Association of Ontario youth champions program), stigma reduction (e.g., Head Space from Mental Health Commission of Canada, Jack Talks and Be There from jack.org) or early identification and help-seeking (e.g., Kids Help Phone Brighter Days: An Indigenous Wellness Program). In addition, school boards are often part of community tables where suicide prevention strategies are discussed and developed. All these efforts work best when all partners are aware of each other's work in this area (acknowledge effective practices in place and recognize any existing gaps, plan together to address them) and when the circle of support is clear to all stakeholders, youth, parents, and caregivers to ensure that everyone knows where to get help at times of need. The most essential element of collaborative school-based suicide prevention efforts is a joint and pervasive focus on hope building and hope finding.

## What are some key considerations for our community?

The following reflection questions may be helpful to planning suicide prevention initiatives with school partners in your community.

### Reflection Questions:

- Does our community have structures in place for collaboration on youth suicide prevention?
- Does our community understand the policies and procedures that each organization follows on youth suicide prevention?
- Does our community have structures in place where community and school board leaders can share in the planning for youth suicide prevention?
- Do all partners know who to reach out to, to ensure alignment of the work of youth suicide prevention?
- Do all partners welcome opportunities to talk with each other about suicide awareness practices that may cause harm to youth?

## Conclusion

School boards throughout Ontario have been working for many years on developing the conditions, capacity, culturally responsive programming, and collaboration needed for effective suicide prevention in schools. It is important to respect the research and practice knowledge within the field of school mental health, and to be aware that there is a comprehensive and systematic plan for advancing student mental health across the province. When partners come to school boards with ideas and innovations, it is respectful to take time to understand this context and to consider how the new initiative might complement existing efforts.

Schools and school boards are complex. Some initiatives will work well within the rhythm and pace of school board life, and others might falter because there is a lack of alignment with existing board priorities, structures, and conditions. The board Mental Health Leadership Team is the best starting place when a partner has an idea related to school-based suicide prevention. This team has a fulsome understanding of the board mental health and addictions plan, existing and historical suicide prevention initiatives, and a sense of board and school capacity. They will also be able to describe sensitivities and nuances that are unique to the board and school setting, and that must be considered when reflecting on the risks and benefits of any suicide prevention initiatives.

# Appendix A – Dos and Dont’s of Suicide Prevention

## In suicide prevention awareness initiatives at school that focus on lived experiences:

- Avoid messages that oversimplify the cause of suicide (e.g., bullying causes suicide)
- Avoid mentioning the names of specific individuals who have died by suicide
- Avoid images (e.g., pictures, videos) of people who have died by suicide
- Avoid stories of suicide that mention the method of death
- Avoid messages that suggest that someone who died by suicide is “better off now that they are no longer in pain”, or that may otherwise inadvertently validate the decision, like “now we understand her”, “this is her legacy”
- Avoid glamorization of suicide
- Avoid depictions that make assumptions about those who may already experience marginalization and oppression
- Avoid organizations that sell merchandise with the name, picture, etc., of the deceased
- Avoid holding sessions on Mondays (because returning to the school environment routine may be challenging for some) and on Fridays or at the end of the day (as you will want to monitor students to determine who requires assistance and support.
- Avoid (especially large scale) lived experience sessions when a school community is in suicide postvention

**The following practices are safer ways to build suicide prevention awareness at school through lived experience speakers:**

- Advise parents/caregivers of the planned session so they can support their child to participate, or withdraw, depending on their wellness at the time
- Provide alternative options for students and staff for whom it may not be a safe time to learn about suicide
- Prepare students in advance with conversation starters and classroom supports
- Engage student leaders in the design of the workshops, using good principles of youth engagement and allyship. (Your Role as an Adult Ally, Five Tips for Adult Allies)
- Work with educators to identify students who may need extra support before, during, or after the session
- Work with the speaker ahead of time so that they know the community and school circumstances and can plan the session accordingly
- View the script ahead of time and offer cautions and suggestions
- Use experienced and vetted speakers who are known to stay on script and who are in a good place for sharing
- Use speakers who reflect the cultures and identities of participating students
- Ensure speakers have support before and after the session
- Alert school mental health professionals to the session so they can be present for support
- Arrange for a space (or text/phone numbers to call) so that students can access immediate support if needed
- Conduct the lived experience session in small group format so adults can have eyes on the students throughout
- Make sure the message ends in hope and explains how students can get help
- Incorporate information about help-seeking and supports

# Appendix B – School Board and Community Readiness Checklist

School based mental health promotion and suicide prevention awareness activities should be implemented through a team approach. This readiness checklist is intended to help your community prepare for a safe and healthy experience with your students/youth.

## Leaders of Youth Serving Organization and Board Mental Health Leadership Teams (How do we ensure that this works for Youth Serving Organizations?)

- Leaders in youth serving organizations and school board Mental Health Leadership Teams have built a decision-making process (Decision Support Tool) to ensure that activities offered in schools to support work on the mental health promotion to suicide prevention continuum are evidence-based or informed and align with the Board Strategic Mental Health Plan and the Strategic Plan of the youth serving organization.
- Decision Support Tool is used to vet activity.
- Decision Support Tool Process is followed, and the decision is that this is a good option.
- Contact school administrator with the offer of the activity.

## A School Administrator(s) is supportive of the activity and able to:

- Ensure that the activity aligns with the school's mental health plan and ongoing initiatives.
- Ensure activity is voluntary and that students who chose not to attend have an alternate activity.
- Determine that the timing is right for the school community.
- Highlight pathway/circle to care (e.g., through signage in the school building, announcements, and information posted on the school website and online classrooms)
- Assist with the scheduling of the activity.
- (Optional) Provide an opportunity for all stakeholders to provide feedback on the activity to allow for future planning.
- Communicate about the event to parents/caregivers.

**Educators who have offered to participate are able to:**

- Maintain strong relationships with students and create a safe, inclusive, and caring classroom culture before signing the class up for this activity.
- Review preparatory materials to ensure an understanding of the activity and the connection to the school's mental health plan.
- Access circle/pathways to care in their school and community for student, as needed.
- And support students during the delivery, if needed

**Available School Mental Health Support Staff are able to:**

- Offer awareness of the activity and the content.
- Attend the activity and support students in need both in person and virtually.

# Glossary of Key Terms

Term	Definition
Death by Suicide	Injuring oneself to the extent that it results in death.
Life Promotion	The term “life promotion” is introduced alongside suicide prevention to honour the language offered by Indigenous mental health experts, who highlight the importance of a strength-based approach to healing and hope. When life is promoted as precious and young people are helped to build on their identity and strengths, the work of suicide prevention is done in a more holistic manner.
Mental Health Literacy	Mental health literacy is comprised of several components, including: learning that supports and maintains positive mental health; understanding common mental illnesses and their associated interventions; decreasing stigma related to mental illness; and knowing when, where, and how to seek mental health support.
Non-Suicidal Self-Injury	A deliberate attempt to cause injury to one’s body without the conscious intent to die.
Protective Factors	Anything that can reduce the likelihood of a person acting on suicide; factors that strengthen a person or enhance their resilience; supports that bolster someone during challenging times. Protective factors can be <b>internal</b> (i.e., abilities, skills, personal strengths, resiliency, personal beliefs), or <b>external</b> , (i.e., consistent relationship with a caring and supportive person, a place where one feels grounded). Protective factors vary from person to person and can change over time. Protective factors can be enhanced and strengthened and help mitigate risk factors.
Risk Factors	Anything that has the potential to increase the likelihood that suicide will occur. Risk factors can be present in communities, families, or individuals and can be fixed or changeable. Risk factors do not necessarily cause suicide, but their presence increases the likelihood that it will occur.
School Board Mental Health Leadership Team	Every school board has a board-level mental health leadership team, typically led by the superintendent responsible for mental health and the board mental health leader. In addition, the team may include representation from many stakeholder groups (e.g., superintendents, equity, elementary and secondary principals, managers of school mental health professionals, parents/ caregivers, students, etc.). This team is responsible for helping to develop a three-year mental health and addictions strategy and a one-year action plan to guide the work within the multi-tiered system of support. The team also implements the strategy and action plan and monitors and evaluates related progress.
Suicide	The act of intentionally ending one’s own life.
Suicide Contagion	The process by which a death by suicide (or suicidal behaviour) increases the suicidal behaviour of others. Adolescents are the most susceptible age group for contagion.

Term	Definition
Suicide Ideation	Suicidal thoughts, including thoughts about how to end one's life, ranging from a fleeting consideration to a detailed plan.
Suicide Attempt	Injuring oneself with the intent to end one's life, but not dying as a result. A suicide attempt may or may not result in injury.
Suicide Behaviour	Acts or preparation toward making a suicide attempt, and/or any self-inflicted actions that could result in a person's death.
Suicide Cluster	When contagion occurs schools, school boards, and/or communities can experience multiple deaths (a cluster) in a relatively short period. Each death increases vulnerability and risk for further contagion.
Suicide Gatekeeper Training	Suicide gatekeeper training provides natural helpers with knowledge, skills, and strategies to better recognize and inquire about suicide risk and intervene appropriately. Suicide gatekeeper training does not necessarily reduce instances of death by suicide, but it can increase adult confidence in supporting a young person with suicidal thoughts which may yield positive benefits. It is important to note that there can be unanticipated adverse consequences within this type of work.
Suicide Intervention / Risk Management	A direct effort to prevent a person from attempting to take their own life intentionally. This includes supporting vulnerable students transitioning to and from mental health care.
Suicide Postvention	Activities developed to facilitate individual and system recovery after suicide and to prevent adverse outcomes, such as further suicides.
Suicide Prevention	Activities/initiatives designed to reduce suicide risk and increase factors that promote resilience.
Suicide Prevention Literacy	Provides natural helpers with knowledge, skills, and strategies to better recognize and inquire about suicide risk and intervene appropriately. Suicide prevention literacy does not necessarily reduce instances of death by suicide, but it can increase adult confidence in supporting a young person with suicidal thoughts which may yield positive benefits. It is important to note that there can be unanticipated adverse consequences within this type of work.
Suicide Risk Assessment	A formal process designed to help understand the basis for suicidality and help inform intervention based on the consideration of risk factors, warning signs, and protective factors. Suicide risk assessment is best carried out by those with professional training in mental health, such as a school social worker or psychologist.
Tier One	Universal mental health and wellness promotion for all students.
Tier Two	Targeted/selected prevention and early intervention for students with additional risks.
Tier Three	Indicated intensive supports and services (including crisis response) for students experiencing significant mental health concerns
Upstream Approaches / Supports	Promotive and preventive approaches. For example, an upstream approach to life promotion might teach students problem-solving skills; skills to manage stress; and skills to know when, where, and how to seek mental health support.

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# School-based suicide prevention life promotion initiatives:

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A resource for community-based providers